



Atty. Dkt. No. 355908-1050
U.S. Serial No. 09/541,033

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard G. MILLER and Brian RABINOVICH

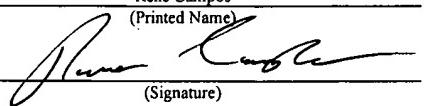
Title: COMBINATION THERAPY FOR
AUTOIMMUNE AND ALLOIMMUNE
DISEASES

Appl. No.: 09/541,033

Filing Date: March 31, 2000

Examiner: P. Nolan

Art Unit: 1644

| | |
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| CERTIFICATE OF EXPRESS MAILING | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop AF, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. | |
| ER 451343495 US (Express Mail Label Number) | April 22, 2004 (Date of Deposit) |
| <hr/> <p>Rene Campos (Printed Name)</p>  <hr/> <p>(Signature)</p> | |

REPLY AND AMENDMENT

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

This Reply and Amendment is in response to the Office Action (Ex Parte Quayle action) mailed on March 16, 2004, the period for response having been set at 2 months. In response to this Office Action, Applicants request entry of the following amendment. This Reply and Amendment is being timely filed on or before its current due date of May 16, 2004.



04-26-04

IFW

AF
TB44

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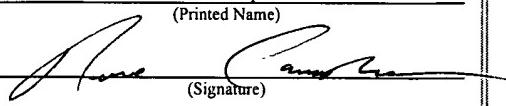
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| ER 451343495 US (Express Mail Label Number) | April 22, 2004 (Date of Deposit) |
| Rene Campos (Printed Name) | |
|  (Signature) | |

AMENDMENT TRANSMITTAL

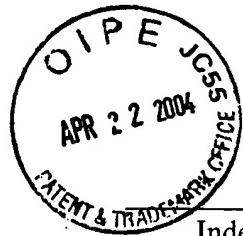
Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [] Assertion of Small Entity status is enclosed.
- [X] Return Postcard is enclosed.
- [] The fee required for additional claims is calculated below:

| | Claims As Amended | Previously Paid For | Extra Claims Present | Rate | Additional Claims Fee |
|---------------|-------------------------|------------------------|----------------------------|-------------|--------------------------|
| Total Claims: | 9 | - | 20 = 0 | x \$18.00 = | \$0.00 |



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| | | | | | | | | | |
|---|---|---|---|---|---|---|---------|---|--------|
| Independent Claims: | 1 | - | 3 | = | 0 | x | \$86.00 | = | \$0.00 |
| First presentation of any Multiple Dependent Claims: + \$290.00 = | | | | | | | | | \$0.00 |
| CLAIMS FEE TOTAL = | | | | | | | | | \$0.00 |

- [] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| | | |
|---|------------|--------|
| [] Extension for response filed within the first month: | \$110.00 | \$0.00 |
| [] Extension for response filed within the second month: | \$420.00 | \$0.00 |
| [] Extension for response filed within the third month: | \$950.00 | \$0.00 |
| [] Extension for response filed within the fourth month: | \$1,480.00 | \$0.00 |
| [] Extension for response filed within the fifth month: | \$2,010.00 | \$0.00 |
| EXTENSION FEE TOTAL: \$0.00 | | |
| [] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d): | \$110.00 | \$0.00 |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL: \$0.00 | | |
| [] Small Entity Fees Apply (subtract ½ of above): | | \$0.00 |
| TOTAL FEE: \$0.00 | | |

- [] Please charge Deposit Account No. 50-0872 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- [] A check in the amount of \$0.00 is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such



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extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 4-22-04

FOLEY & LARDNER LLP
Three Palo Alto Square
3000 El Camino Real, Suite 100
Palo Alto, California 94306
Telephone: (650) 856-3703
Facsimile: (650) 856-3710

By Gerald F. Swiss

Gerald F. Swiss
Attorney for Applicant
Registration No. 30,113